

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Doug Aloise the CDA- Director certify that the Five Year and
Annual PHA Plan of the 2011 is consistent with the Consolidated Plan of
Town of Huntington prepared pursuant to 24 CFR Part 91.

Doug Aloise, Director HCOA

Signed / Dated by Appropriate State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Board of Huntington Housing Authority
PHA Name

PHA - NY 035
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<i>Robert G. Forti</i>	<i>Chairman - HHA Board</i>
Signature	Date
<i>[Signature]</i>	<i>8/9/11</i>

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Town of Huntington Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing/Capital Fund Programs

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Signature

Title

Date (mm/dd/yyyy)

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: _____ Town of Huntington Housing Authority _____ PHA Code: _____ PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing _____ x Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): __10-01-2011____					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 80 _____ Number of HCV units: _____ 533 _____					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan _____ x Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To provide low-moderate income families with safe-decent and affordable housing					
5.2	Goals and Objectives					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Implementation of the Voucher Homeownership Program 2. Submitted application to the Special Applications Center for a Disposition of Excess Land. (Gateway Gardens) (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. Town of Huntington Housing Authority Administrative Offices- 1A Lowndes Avenue- Huntington Station, N.Y. 11746					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. <i>The Huntington Housing Authority has submitted an application for the disposition of excess land for the purpose of securing mixed finance funds to complete a renovation of the Gateway Gardens Development.</i>					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.					
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.					

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Housing Choice Voucher= 11 elderly, 5 families with disabilities and 152 families (5 Hispanics- 111 white and 51 African American)</p> <p>Gateway Gardens= 401 elderly= 185 families with disabilities and 1091 families (145 Hispanic, 917 white and 445 African American)</p> <p>Millennium Hills= 68 elderly= 72 families with disabilities and 675 families (74 Hispanics-553 white and 223 African Americans)</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. The HHA has submitted an application for Disposition of Excess Land in order to secure state-local and private funding to renovate the aging facilities at our Gateway Gardens facility. In addition , the HHA has engaged our FSS Coordinating agency to implement the Voucher Homeownership Program.</p> <p>The Huntington Housing Authority plans to continue our lease-up efforts to ensure that all housing authority inventory and vouchers are utilized to house families currently on the waiting list.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <i>The Huntington Housing Authority has submitted an application for the disposition of excess land for the purpose of securing mixed finance funds to complete a renovation of the Gateway Gardens Development.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" If the amount of an award increases or decrease by more than 50% or if there is a major change in PHA policies</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. <u>There were no comments by the RAB relative to the Huntington Housing Authority PHA Plan for 2011.</u> Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PIA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No. NY36P035S0111
Replacement Housing Factor Grant No.
Date of CFFP

FY of Grant: 2011
FY of Grant Approval:

Type of Grant
☒ Original Annual Statement
☐ Reserve for Disasters/Emergencies
☐ Performance and Evaluation Report for Period Ending:
Summary by Development Account

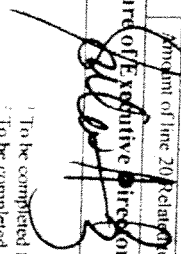
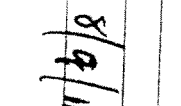
☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised	Obligated	Total Actual Cost Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ¹	50,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	46,731			
11	1465 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 Relocation Costs				
17	1499 Development Activities				

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PIAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RIF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary			
PJIA Name: Town of Huntington Housing Authority		Grant Type and Number Capital Fund Program Grant No. NY36P0355011 Replacement Housing Factor Grant No. Date of CFP	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost
18a	1501 Collateralization or Debt Service paid by the PJIA	Original	Revised
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Obligated
19	1502 Contingency (may not exceed 8% of line 20)		Expended
20	Amount of Annual Grant (sum of lines 2 - 19)	101,731.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Signature of Public Housing Director 	
Date		Date	
8/9/11			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PJIA's with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHH funds shall be included here

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Expires 4/30/2011

To be completed for the Performance and Evaluation Report or a Revised Annual Statement
To be completed for the Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Grant Type and Number	Capital Fund Program Grant No

Federal FY of Grant:

[illegible]

To be completed for the Performance and Evaluation Report or a Revised Annual Statement
To be completed for the Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Expires 4/30/2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

OMB No. 2577-022
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

**TOWN OF HUNTINGTON HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM ADMINISTRATIVE PLAN
HOMEOWNERSHIP OPTION**

Town of Huntington Housing Authority (TOHHA) hereby establishes a Voucher Homeownership Option pursuant to section 8(y) of the QHWRA and the HUD final rules dated September 12, 2000, October 18, 2002, and October 28, 2002. This program change is effective October 1, 2011. The TOHHA will work in partnership with the Community Development Corporation (CDC) of Long Island and the CDC NeighborWorks® HomeOwnership Center to offer this option to qualified TOHHA families. CDC will provide the pre and post purchase housing counseling required under the regulations and will work with the families to assure approval of eligible houses and financing, in conformance with the policies set forth below.

Qualifications for Participation:

- 1) The family must be a current Section 8 participant who has been issued a Housing Choice Voucher.
- 2) The family's household income must be at least equal \$30,000. Public assistance income may not be used for meeting this requirement, except for households in which the head or spouse is elderly or disabled and households that include a disabled person other than the head or spouse.
- 3) The head of household or spouse must be employed full time and have been continuously employed during the year before commencement of homeownership assistance. Families in which the head of household or spouse are disabled or elderly may request an exemption from this requirement, as a reasonable accommodation.
- 4) The head of household or spouse must not have defaulted on a mortgage securing debt to purchase a home under the homeownership option of any PHA.
- 5) The family must be in full compliance with their lease, with the Housing Choice Voucher program requirements, with the FSS program requirements and must not owe the TOHHA any funds under a repayment agreement.
- 6) The family must be a first time homeowner. No family member may have owned title to a principal residence in the previous three years. Residents of limited equity cooperatives are eligible.
- 7) The family must be enrolled in the CDC HomeOwnership Center, attend homeownership pre-purchase counseling, and receive a Certificate of Completion which deems the family to be mortgage ready. The pre-purchase counseling will include home maintenance, budgeting and money management, credit counseling, financing options, how to locate and negotiate the purchase of a house, among other issues. The family must have 5% of their own funds to use towards purchase of a home. Once a family receives a Certificate of Completion they are eligible to be issued a Homeownership Voucher.

Homeownership Option

Time Frame for Utilization:

The family will have a maximum of 120 days from the date of issuance of a Homeownership Voucher to find a home and enter into a Contract of Sale. If the family is unable to enter into a Contract of Sale before the end of the 120 day deadline, the family may ask for an additional 60 day extension, which may be granted at the sole discretion of the Executive Director of the Town of Huntington Housing Authority. If the family is unable to locate a suitable home for purchase, the TOHHA will allow the family to continue to receive assistance under the rental program, under the applicable program requirements.

The family is required to make monthly reports on their progress in locating a home to the Program Manager in charge of the CDC Voucher Homeownership Program, who will keep the Executive Director of the TOHHA informed.

Home Inspections and Contract of Sale:

The family must obtain an independent professional home inspection of the home's major systems at the family's expense. The inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical and heating systems. The inspection must be done by an engineer, and a copy submitted to CDC for review. The TOHHA will conduct a Housing Quality Standards inspection. The TOHHA retains the right to disqualify the home for inclusion in the homeownership program based on either report. The TOHHA may allow the home to be purchased for inclusion in the program if the family agrees to utilize an acquisition and rehabilitation mortgage product/program such as the FHA 203 (k) program, or the NYS Affordable Housing Corporation acquisition and rehabilitation program to bring the home up to health and safety standards. These inspections must be done prior to the execution of the Contract of Sale.

The family must enter into a Contract of Sale with the owner of the home to be purchased. The home must be either under construction or already existing before the Contract of Sale is executed. The Contract of Sale must include the home's price and terms of sale. The family must give a copy of the Contract of Sale to CDC, which will then work with the family to obtain financing.

The TOHHA will conduct annual inspections of the property during the time the homeowner is receiving assistance under the Housing Choice Voucher program and will submit copies of these reports to CDC.

Permitted Ownership Arrangements:

The Homeownership Option may be utilized in two types of housing:

- 1) A unit owned by the family in which one or more family members hold title to the home. Homes occupied under a lease-purchase agreement are eligible.
- 2) A cooperative unit in which one or more family members hold membership shares in the cooperative.

Portability:

Families who are determined eligible for the Homeownership Option may exercise the Option outside of the Town of Huntington if the receiving PHA is administering a Voucher Homeownership Program and is accepting new families into their program.

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Homeownership Option

Financing:

The family is required to secure a fixed rate thirty (30) year fully amortizing first mortgage for an amount which will be supported by their total monthly gross income, and which will meet the underwriting requirements of a conventional lender's first time home buyer program. The minimum down payment requirement from the family's own funds shall be 2% of the sales price. If the first mortgage is financed with a Federal Housing Administration (FHA) insured mortgage, the financing is subject to FHA mortgage insurance credit underwriting requirements. The TOHHA may approve seller financing on a case by case basis.

Given the very high cost of housing on Long Island, a family may not qualify for a first mortgage that will be sufficient to cover the purchase price of the house. Therefore, in addition to the first mortgage, financing from the CDCLI Funding Corporation (a Community Development Financial Institution certified by the U.S. Department of Treasury) for an amount needed to "fill the gap" will be made available at a below market interest rate and will be for a term not to exceed fifteen (15) years. The Homeownership Voucher subsidy will be used to pay for the second mortgage, which will be paid directly to CDCLI Funding Corporation by the TOHHA. Any assistance funds available after payment of the second mortgage expense will be paid to the homeowner for use toward their other housing expenses. If at any time during the term of the mortgage the subsidy is reduced (for example, due to an increase in the family's income), the family is responsible for paying the difference between the monthly mortgage payment and the subsidy payment.

Length and Continuation of Assistance:

Voucher subsidy assistance will only be provided for the months the family is in residence in the home. The maximum length of time a family may receive homeownership assistance is fifteen years, if the first mortgage has a term of at least twenty years, unless the family is elderly or disabled. A homeownership family may purchase another home with voucher subsidy assistance provided there is no mortgage loan default and the family is in compliance with the statement of homeowner obligations.

Defaults:

If a family in the Homeownership Program defaults on his or her first or second home mortgage loan, the family will not be able to use his or her Homeownership Voucher to purchase another house, but may reapply for the Housing Choice Voucher rental program when the TOHHA opens the waiting list.

Family Obligations:

Before commencement of homeownership assistance, the family must execute a statement of homeowner obligations. To continue to receive homeownership assistance, a family must comply with the following family obligations:

1. Supply any information that the PHA or HUD determines is necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.

Homeownership Option

2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by PHA to verify that the family is living in the house or information related to family absence from the house.
4. Promptly notify the PHA in writing of the birth, adoption, court-awarded custody of a child or a live-in-aide.
5. Request PHA written approval to add any other family member as an occupant of the unit.
6. Promptly notify the PHA in writing if any family member no longer lives in the house.
7. Document to the PHA that the family is current on mortgage, insurance, taxes and utility payments during the annual recertification process.
8. Promptly notify the PHA of any decrease / increase in household income.
9. Promptly notify PHA if the family becomes delinquent and/or defaults on a mortgage securing any debt incurred to purchase the house. The Family agrees to work with the housing counselors of the CDC HomeOwnership Center to work out terms for becoming current.
10. Allow the PHA to inspect the house at reasonable times and after reasonable notice.
11. Comply with the terms of any mortgage which secures the debt used to purchase a house and any refinancing of such debt.
12. Participate in ongoing post purchase counseling and attend courses required by PHA.
13. Provide information on the following: any mortgage or other debt used to purchase the house and any refinancing of such debt; any satisfaction or payment of mortgage debt; any sale or other transfers of any interest in the house; and the family's homeownership expenses.
14. Maintain the house as their principal residence for the period of time the family is receiving the assistance.
15. Make regular monthly deposits of at least \$50.00 per month into a dedicated account for home maintenance and repair. Provide documentation to PHA regarding deposits and withdrawals upon request.
16. Maintain Housing Choice Voucher eligibility requirements as set forth by the PHA.

October 1, 2011

**TOWN OF HUNTINGTON HOUSING AUTHORITY
HOMEOWNERSHIP OPTION
PROCEDURES**

The Town of Huntington Housing Authority (TOHHA) offers a Homeownership Option to all qualified Housing Choice Voucher program participants. The TOHHA has a Homeownership Option Administrative Plan, a copy of which is attached. The procedure for considering and assisting qualified eligible families is as follows:

- 1) All qualified Housing Choice Voucher program participants who are interested in the Homeownership Option will be invited to attend an Information Meeting conducted by Community Development Corporation (CDC) of Long Island. Families interested in the Homeownership Option must enroll in the CDC HomeOwnership Center for pre-purchase counseling. This counseling will include referrals to programs for down payment assistance and will culminate in a mortgage pre-qualification from a conventional lender.
- 2) When the family is deemed mortgage ready and has been issued a Certificate of Completion from the CDC HomeOwnership Center, the family will be recertified by the TOHHA and then issued a Homeownership Option Voucher.
- 3) The family will have 120 days to locate a suitable house to purchase. The family will contact the CDC HomeOwnership Center upon locating a house the family wants to be considered for inclusion in the program.
- 4) The TOHHA will conduct a Housing Choice Voucher inspection and the results given to the CDC and the family. CDC will decide if a professional home inspection should be done, or if the family should continue looking. If the decision is to proceed, the family will order the professional inspection.
- 5) The professional inspection report will be submitted to the family, the TOHHA and CDC. The family and CDC will decide if any repairs are required before purchase can occur or whether the home will be purchased for acquisition and rehabilitation.
- 6) A Contract of Sale will be executed.
- 7) The family will apply for a conventional mortgage for an amount which will be supported by the family's income and will take into account the taxes and insurance on the home to be purchased. The CDC HomeOwnership Center will advise the family and the first mortgage lender on the appropriate mortgage level.
- 8) Once the family receives a commitment for a mortgage from the lender, if the amount which is approved is not sufficient to cover the full amount needed for the family to purchase the house, the family may apply for a second mortgage from the CDCLI Funding Corporation.
- 9) Upon receiving the necessary mortgage commitments, the family will execute the Statement of Homeowner Obligations, and will close on the purchase of the home.

Page 2
Procedures

10) Homeowner assistance payments will be made directly to CDCLI Funding Corporation. Any assistance funds available after payment of the second mortgage expense will be paid to the homeowner for use toward their other housing expenses. Housing assistance payments will continue for the regulatory period, provided that the participant remains in compliance with the terms and conditions of the Statement of Homeowner Obligations.

Town of Huntington Housing Authority

VIOLANCE AGAINST WOMEN ACT REQUIREMENTS

The Town of Huntington Housing Authority has amended the Admissions and Continued Occupancy Policy to comply with the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA)

VAWA PROTECTIONS

Under the Violence Against Women Act (VAWA), public housing residents have the following specific protections, which will be observed by the Town of Huntington Housing Authority:

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not in itself be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. This is also true even if the household member is not a signatory to the lease. Under VAWA, the Town of Huntington Housing Authority is granted the authority to bifurcate the lease.

The Housing Authority will honor court orders regarding the rights of access or control of the property.

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a "more demanding standard" than non-victims.

There is no prohibition on the Housing Authority evicting if it "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's (victim's) tenancy is not terminated."

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

The Town of Huntington Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority. Types of acceptable verifications

are outlined below, and must be submitted within 14 business days after receipt of the Housing Authority's written request for verification.

VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

The Town of Huntington Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

- A. ***Requirement for Verification.*** The law allows, but does not require, the Town of Huntington Housing Authority to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. The Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. ***HUD-approved form (HUD-50066)*** - By providing to the Housing Authority a written certification, on the form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. ***Other documentation*** - by providing to the Housing Authority documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the

documentation must also sign and attest to the documentation under penalty of perjury.

3. ***Police or court record*** – by providing to the Housing Authority a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

- B. ***Time allowed to provide verification/failure to provide.*** An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Housing Authority to provide verification, must provide such verification within 14 business days after receipt of the written request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

CONFIDENTIALITY

All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is:

- A. Requested or consented to by the individual in writing;
- B. Required for used in an eviction proceeding; or
- C. Otherwise required by applicable law.

The Town of Huntington Housing Authority shall provide its tenants notice of their rights under VAWA including their right to confidentiality and the limits thereof.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Town of Huntington Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P035501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-2011		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	22,942	22,942	22,942	22,942
3	1408 Management Improvements	9,000	0		
4	1410 Administration (may not exceed 10% of line 21)	12,000	12,000	12,000	12,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000	21,300	21,300	21,300
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000	49,953	49,953	49,953
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,000	20,747	20,747	20,747
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: FY of Grant Approval:
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Type of Grant
☐ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending: ☐ Reserve for Disasters/Emergencies
☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	126,942	126,942	126,942	126,942
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 5/28/14		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FFY of Grant:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

[illegible]

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

Development Number	Name/PHA-Wide
1	1
2	2
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98	98
99	99
100	100

All Fund Obligated
(Quarter Ending Date)All Funds Expended
(Quarter Ending Date)

Reasons for Revised Target Dates

[illegible]

Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035-501-08
Replacement Housing Factor Grant No:
Date of CFFP:

FY of Grant:
FY of Grant Approval:

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies
☒ Performance and Evaluation Report for Period Ending: 3-31-2011

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	53,040.50		30,000	30,000	30,000	
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)	12,000		3000	3000	3,000	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	55,100.00		82,515.50	82,515.50	81,200	
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment	4,140.50		8765.50	8765.50	8765.50	
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	124,281	124,281		122,965.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		9/29/11			
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

Development Number

[illegible]

²To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:	
Federal FFY of Grant:	

[illegible]

Pages

U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

Federal FTY of Grant:

Reasons for Revised Target Dates

[illegible]

Page 6

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035501-09
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies
☒ Performance and Evaluation Report for Period Ending: 3-31-2011

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	37,780		123,632	123,632	0	
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)	10,000	0				
5	1411 Audit	12,000	0				
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	63,852	0				
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: FY of Grant Approval:	
<input type="checkbox"/> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹			
		Original	Revised ²	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	123,632	123,632	123,632	0		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date 9/29/11		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FFY of Grant:

Journal of Management Education 36(8) 907-920

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Grant Type and Number

Capital Fund Program Grant No:

Replacement Housing Factor Grant No.:

Federal FY of Grant:

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

²To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Federal FY of Grant:[illegible]

Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FFY of Grant:

Reasons for Revised Target Dates

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: NY36S035501-09 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: FY of Grant Approval:
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Type of Grant		Revised Annual Statement (revision no:)		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-2011				
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	15,732		
5	1411 Audit			11,799
6	1415 Liquidated Damages			
7	1430 Fees and Costs	14,158		
8	1440 Site Acquisition			14,158
9	1450 Site Improvement			
10	1460 Dwelling Structures	127,425		
11	1465.1 Dwelling Equipment—Nonependable			109,100
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	157,315		157,315.	135,057
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

Deputy

[illegible]

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Grant Type and Number

Capital Fund Program Grant No:
CFPP (Yes/ No):
Replacement Housing Factor Grant No:

Federal FY of Grant:[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:	Federal FFY of Grant:
-----------	-----------------------

Federal FY of Grant:

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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PHA Name:	
Federal FFY of Grant:	

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: Town of Huntington		Grant Type and Number Capital Fund Program Grant No: NY36P035501-10 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: FFY of Grant Approval:	
<input type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-11		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	37,780		36,964.00	0		0
3	1408 Management Improvements	10,000		10,000.00	0		0
4	1410 Administration (may not exceed 10% of line 21)	12,000		12,000.00	0		0
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	63,852		64,252.00	0		0
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

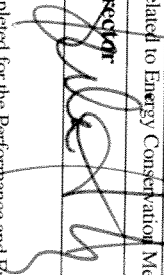
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: FY of Grant Approval:
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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	123,632.00	123,216.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Date 9/28/11	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FFY of Grant:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Grant Type and Number

Grant Type and Number

Federal FY of Grant:

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name:	
Federal FFY of Grant:	

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Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FTY of Grant:

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning ____, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Town of Huntington Housing Authority
PHA Name

PHA - NY 035
PHA Number/HA Code

 5 -Year PHA Plan for Fiscal Years 20 - 20

X Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Robert G. Fonti

Title

Chairman HHA Board

Signature

Date

9/2/11